

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

vs.

D-1 DR. RAJENDRA BOTHRA

D-3 DR. GANIU EDU

D-4 DR. DAVID LEWIS

D-5 DR. CHRISTOPHER RUSSO,

Case No. 18-20800

Hon. Stephen J. Murphy, III

Defendants.

/

**JURY TRIAL EXCERPT: VOLUME 14**

BEFORE THE HONORABLE STEPHEN J. MURPHY, III  
United States District Judge  
Theodore Levin United States Courthouse  
231 West Lafayette Boulevard  
Detroit, Michigan 48226  
Monday, June 6, 2022

**APPEARANCES:**

For the Plaintiff

United States of America:

BRANDY R. McMILLION

BRANDON C. HELMS

U.S. Attorney's Office

211 W. Fort Street

Suite 2001

Detroit, Michigan 48226

313-226-9622

For the Defendant

D-1 Dr. Rajendra Bothra:

ARTHUR J. WEISS

30445 Northwestern Highway

Suite 225

Farmington Hills, Michigan 48334

248-855-5888

(Appearances continued next page)

## 1 APPEARANCES: Continued

2 For the Defendant ALAN T. ROGALSKI  
D-1 Dr. Rajendra Bothra: Warner, Norcross & Judd LLP  
3 2000 Town Center  
Suite 2700  
4 Southfield, Michigan 48075  
248-784-5055

5 For the Defendant ROBERT S. HARRISON  
6 D-3 Dr. Ganiu Edu: Robert Harrison & Associates  
40950 Woodward Avenue  
7 Suite 100  
Bloomfield Hills, Michigan 48304  
8 248-283-1600

9 For the Defendant RONALD WILLIAM CHAPMAN, II  
D-4 Dr. Davis Lewis: Chapman Law Group  
10 1441 West Long Lake Road  
Suite 310  
11 Troy, Michigan 48098  
248-644-6326

12 JEFFREY G. COLLINS  
13 Collins & Collins, P.C.  
1323 Broadway  
14 Suite 800  
Detroit, Michigan 48226  
15 313-963-2303

16 For the Defendant LAURENCE H. MARGOLIS  
D-5 Dr. Christopher Margolis Law Firm  
17 Russo: 214 South Main Street  
Suite 202  
18 Ann Arbor, Michigan 48104  
734-994-9590

19  
20  
21  
22  
23 To obtain a certified copy of this transcript, contact:  
24 Linda M. Cavanagh, CSR-0131, RDR, RMR, CRR, CRC  
Official Court Reporter  
25 (313) 234-2616 • [www.transcriptorders.com](http://www.transcriptorders.com)

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

TABLE OF CONTENTS

Government Witnesses: Page

HERSH PATEL

Cross-Examination by Mr. Weiss 4

EXHIBITS

Identification Offered Received

NONE

1 Detroit, Michigan

2 Tuesday, June 21, 2022

3 — — —

4 (Proceedings in progress at 2:35 p.m., all parties  
5 present)

6 (Jury entered the courtroom at 2:35 p.m.)

7 THE COURT: Okay. All jurors are back, 2:35. We are  
8 ready to go. Everybody may be seated. Mr. Weiss is ready to  
9 take the microphone and we'll complete our session.

10 MR. WEISS: Thank you, Your Honor.

11 THE COURT: Sure.

12 CROSS-EXAMINATION

13 BY MR. WEISS:

14 Q. Good afternoon.

15 A. Good afternoon.

16 Q. Did you give the money back?

17 A. What?

18 Q. Did you give the money back?

19 A. No.

20 Q. You kept it?

21 A. Can I clarify?

22 MR. HELMS: Objection as to what money we're talking  
23 about.

24 MR. WEISS: If he doesn't know, then he can ask, but  
25 I don't think it's the government's objection.

1 THE COURT: Okay. He doesn't -- he doesn't know.

2 Let's go. Go ahead, Mr. Weiss.

3 BY MR. WEISS:

4 Q. Do you know what I'm talking about, sir?

5 A. No.

6 Q. You made a little over \$116,000 for the couple of months  
7 that you were at TPC, correct?

8 A. Yes, my salary.

9 Q. Okay. Did you give it back?

10 A. No.

11 Q. So you kept the money?

12 A. I worked.

13 Q. Sir, you kept the money?

14 A. Yes.

15 Q. So it was horrendous, it was terrifying, it was McDonald's  
16 drive-thru, it was all of those adjectives, but you kept the  
17 money, correct?

18 A. Yes.

19 Q. Okay. So when Dr. Bothra talks to you about money, the  
20 money was important to you, right?

21 A. No.

22 Q. But you kept it?

23 A. Yes.

24 Q. Even after all those adjectives, you kept the money,  
25 correct?

1 A. Yes.

2 Q. All right. You decided when you would record, correct?

3 A. Yes.

4 Q. Okay. And at the time you were recording, you were in the  
5 State of Michigan, correct?

6 A. Yes.

7 Q. You were licensed to practice medicine in the State of  
8 Michigan, correct?

9 A. Yes.

10 Q. Okay. And you were aware of the physician/patient  
11 privilege that exists in the State of Michigan, correct?

12 A. Yes.

13 Q. Okay. So that privilege indicates that whatever goes on  
14 between you and your patient remains privileged, correct?

15 A. Yes.

16 Q. Okay. You didn't tell your patients when you were  
17 recording them that they were being recorded, correct?

18 A. Yes.

19 Q. Yes, you told them?

20 A. No, I did not.

21 Q. Okay. Do you feel that you violated the physician/patient  
22 privilege by recording their intimate conversations with you?

23 A. No.

24 Q. Okay. And did you get legal advice before you did that?

25 MR. HELMS: Objection if he's asking for

1 attorney/client conversations.

2 MR. WEISS: No, I'm just asking whether he got  
3 advice. I'm not asking what the advice is.

4 THE COURT: Objection overruled. Go ahead and --

5 MR. WEISS: Thank you.

6 THE COURT: -- answer, sir, if you can.

7 MR. WEISS: Thank you, Judge.

8 BY MR. WEISS:

9 Q. Did you secure legal advice before you recorded those  
10 conversations?

11 A. No.

12 Q. Okay. Is that your counsel with you here today?

13 A. Yes.

14 Q. Okay. Do you feel that you need the representation of an  
15 attorney for your testimony today, sir?

16 A. No.

17 Q. Okay. Were you aware that --

18 THE COURT REPORTER: Mr. Weiss, I really need you  
19 to --

20 MR. WEISS: I know. It's a bad habit. I apologize.

21 THE COURT REPORTER: I know. I know. Thank you.

22 Q. Were you aware while you were at the TPC that the  
23 government was sending in people pretending to be in need of  
24 pain assistance?

25 A. No.

1 Q. Okay. So then I assume you weren't aware of the fact that  
2 these individuals were recorded sometimes -- recording  
3 sometimes sound, sometimes sound and picture, correct? Or no,  
4 bad question. You weren't aware that they were recording you  
5 at times, were you?

6 A. No.

7 Q. Did the government ever tell you that you were recorded  
8 with one of their undercover?

9 A. No.

10 Q. All right.

11 MR. WEISS: Your Honor, I believe it's previously  
12 been admitted as Government's 14. It is a session I believe  
13 involving the undercover Henderson Butler.

14 THE COURT: Yes.

15 MR. WEISS: And Dr. Patel.

16 THE COURT: Yes.

17 MR. WEISS: May I play that to the jury?

18 THE COURT: Yes. Yes.

19 MR. WEISS: Thank you.

20 (Video being played)

21 Q. Sir, you met with Mr. Butler approximately two and a half  
22 minutes, correct?

23 A. Yes.

24 Q. Okay. And you prepared a report or chart on that  
25 interview, correct?



1 A. Yes.

2 Q. All right. Just one moment.

3 (Brief pause)

4 MR. WEISS: Your Honor, it's my understanding that  
5 107C, pages 3, 4 and 5 have previously been admitted, and if my  
6 understanding is correct, I'd like them to be -- those pages to  
7 be displayed on the screen.

8 THE COURT: I think you're right but let me just  
9 double-check. Yes, those are all in evidence. Go right ahead.

10 MR. WEISS: Thank you. Put up 105C, page 3 please.

11 MS. McMILLION: Are we putting it up?

12 MR. WEISS: I'm sorry.

13 BY MR. WEISS:

14 Q. Sir, what's on the screen is Government's Exhibit 107C, as  
15 in cat, page 3. Do you see that, sir?

16 A. Yes.

17 Q. And is that the first page of the charting that you did as  
18 a result of your meeting or assessment of Henderson Butler?

19 A. Yes.

20 Q. Okay.

21 MR. WEISS: And Ms. Adams, could I trouble you to put  
22 up next to it 107C, page 1?

23 BY MR. WEISS:

24 Q. All right. Sir, bear with me. On the screen on the left  
25 is 107C, page 3, which is the first page of your chart of

1 Henderson Butler on August 2nd, 2018. You see that, sir?

2 A. Yes.

3 Q. And then on the right of the screen is 107C, page 1. Do  
4 you see that?

5 A. Yes.

6 Q. Okay. Now, you did not prepare 107C, page 1, correct?

7 A. No.

8 Q. Okay. In fact, that's from a date of service of  
9 6-29-2018, correct?

10 A. Yes.

11 Q. Okay. And if I told you that that chart, 107C, page 1,  
12 was prepared by Dr. David Lewis on or about June 29th, 2018,  
13 you wouldn't disagree with me, would you?

14 A. No.

15 Q. But if you're hesitant --

16 MR. WEISS: May I approach, Your Honor?

17 THE COURT: Sure.

18 Q. Sir, I'm going to hand you, it's copied on both sides,  
19 107C-1 and 107C-2, and just ask you if you can take a look at  
20 that and if you would agree with me that 107C-1 and 2 were  
21 prepared by Dr. Lewis.

22 A. Yes.

23 MR. WEISS: Okay. If I may retrieve the document,  
24 Your Honor.

25 THE COURT: Yes, mm-hmm.

1 MR. WEISS: All right. Now, Ms. Adams, if you could  
2 under both documents highlight "Chief Complaint," if that's  
3 feasible.

4 MR. HELMS: Highlight or zoom them out?

5 MR. WEISS: Pardon?

6 MR. HELMS: Do you want to zoom them out or  
7 highlight?

8 MR. WEISS: Oh, yeah, I'm -- make it so that the jury  
9 can read them. Is it possible to enlarge both of them  
10 simultaneously?

11 MS. ADAMS: Not at the same time.

12 MR. WEISS: No? All right.

13 BY MR. WEISS:

14 Q. Sir, I'll tell you what. I don't want any issue. I'm  
15 going to --

16 MR. WEISS: May I approach again, Your Honor?

17 THE COURT: Yes.

18 Q. I'm going to hand you those two documents and I'm going to  
19 ask you to compare them under "Chief Complaint," okay?

20 (Brief pause)

21 Have you had a chance to read both of -- both of  
22 those documents under "Chief Complaint"?

23 A. Yes.

24 Q. And they're exact, right?

25 A. Yes.

1 Q. Word for word, syntax for syntax, correct?

2 A. Yes.

3 Q. "Patient in today for right L5 and S1 selective nerve root  
4 block but did not have a drive -- did not have a driver of his,  
5 procedure was cancelled," correct?

6 A. Yes.

7 Q. So what you did was is you copied on or about August 2nd  
8 what had previously been done by Dr. Lewis on June 29th,  
9 correct?

10 A. No.

11 Q. Okay. So is it just happenstance that your verbiage is  
12 the same as his?

13 A. No, that's not mine.

14 Q. Oh, it's not yours. Okay.

15 Well, we're looking at 107C, page 3, which I believe  
16 you indicated was yours, and we're looking at 107C-1, which is  
17 Lewis's, and I read the exact same verbiage and syntax in both  
18 documents, is that correct?

19 A. Yes.

20 Q. Okay. And it's your testimony under oath that you didn't  
21 copy Lewis's June 29th when you did yours on August 2nd?

22 A. I did not copy it.

23 Q. Okay. Thank you.

24 MR. WEISS: Can I have the...

25 Q. But you indicated a few moments ago that 107C-3 was the

1 first page of your charting, correct?

2 A. Yes.

3 Q. Okay. So if you didn't do it -- it's your testimony you  
4 didn't do it, right?

5 A. Yes.

6 Q. Okay. Now, was Henderson Butler scheduled for a L5-S1  
7 selective nerve root block on August 2nd?

8 A. No.

9 Q. Okay. But nonetheless you put that down, correct?

10 A. No.

11 Q. Oh, you didn't put it down?

12 A. No.

13 Q. But it appears in your report?

14 A. Yes.

15 Q. Okay. All right. You indicate in your report that he is  
16 there for a -- he's a 63-year-old male, followup on chronic  
17 lower back pain, correct?

18 A. Yes.

19 Q. Okay. Stopped taking benzos, amphetamines?

20 A. Yes.

21 Q. And you got that in the two and a half minutes that he was  
22 on the screen?

23 A. Yes.

24 Q. All right. Finished his master's degree, right?

25 A. Yes.

1 Q. Agrees that narcotics are not necessary for lower back  
2 pain?

3 A. Yes.

4 Q. Did he actually agree to that?

5 A. Yes.

6 Q. Okay. And you still wrote him a prescription for Norcos,  
7 correct?

8 A. Yes.

9 Q. And this was after you told him that Norcos are not  
10 indicated for lower back pain, right?

11 A. Yes.

12 Q. So you still wrote him a script, right?

13 A. Yes.

14 Q. And in your belief, that was in good faith in the ordinary  
15 course of your business, correct?

16 A. No.

17 Q. Oh, so you did it outside the ordinary course of being a  
18 physician, correct?

19 A. No.

20 Q. Okay. Did you feel you wrote it in bad faith?

21 A. No.

22 Q. Okay. But you nonetheless wrote it, correct?

23 A. Yes.

24 Q. Okay. And you indicated that Norco is not indicated for  
25 lower back pain, correct?

1 A. Yes.

2 Q. Okay. And you told that to -- to Mr. Butler?

3 A. Yes.

4 Q. Okay. And throughout the course of your recordings you  
5 told a number of patients that the literature did not support  
6 Norco for lower back pain, correct?

7 A. Yes.

8 Q. Okay. But in reality, the studies do support Norco for  
9 lower back pain, correct?

10 A. It's yes and no. Yes.

11 Q. Okay. Thank you. All right.

12 Now, you indicated that he had no allergies. How did  
13 you determine that?

14 A. I didn't write that.

15 Q. Okay. Again you didn't write it.

16 Then it indicates, "Review of systems, ROS, negative  
17 other than HPI," correct?

18 A. Yes.

19 Q. For the uninitiated, what is ROS negative other than HPI?

20 A. That's a prepopulated statement that comes up that states  
21 review of systems negative other than history of present  
22 illness.

23 Q. But you didn't review his systems in those two and a half  
24 minutes, did you?

25 A. Yes.

1 Q. Oh, you did.

2 All right. And what physical examination did you  
3 perform on Mr. Butler in those two and a half minutes on  
4 August 2nd, 2018?

5 A. That's -- that's not a physical exam.

6 Q. Well, my question is what physical examination did you do  
7 of Henderson Butler on August 2nd, 2018?

8 A. I did not do a physical exam.

9 Q. You didn't touch him at all, right?

10 A. No.

11 Q. And you've told this jury time and time again today about  
12 the appropriateness, in fact the necessity, of conducting a  
13 physical examination before you issue a prescription for  
14 opiates, right?

15 A. Yes.

16 Q. And you didn't follow your own advice and your own  
17 testimony, correct, as it relates to August 2nd of Mr. Butler?

18 A. I was doing what everyone else does.

19 Q. Oh, so --

20 (Courtroom interruption)

21 THE COURT: Hey, I don't want any commentary from  
22 anyone except a lawyer and a witness, and if I hear more  
23 commentary, you're going to be escorted out of here.

24 Please proceed, Mr. Weiss.

25 MR. WEISS: Thank you, Your Honor.



1 BY MR. WEISS:

2 Q. Sir, have you ever heard the old kid's adage about do as I  
3 say, not as I do?

4 A. Yes.

5 Q. Okay. All right. Then it indicates patient has a history  
6 of none. You didn't ascertain that on August 2nd, correct?

7 A. No.

8 Q. Okay. "Surgical history: Patient's surgical Hx none."  
9 You didn't ascertain that on August 2nd, did you?

10 A. No.

11 Q. Okay. Did you ascertain that Henderson is divorced?

12 A. No.

13 Q. Did you ascertain patient does not drink alcohol?

14 A. No.

15 Q. Did you ascertain patient's smoking status is current  
16 everyday smoker?

17 A. No.

18 Q. Did you ascertain patient does not use illegal drugs?

19 A. No.

20 Q. Did you ascertain patient has never been treated for  
21 substance abuse in the past?

22 A. No.

23 Q. Would it surprise you that he had been a crack addict for  
24 about ten years?

25 A. No.

1 Q. "Family history: Patient has a history of none." You  
2 didn't ascertain that on August 2nd either, did you?

3 A. No.

4 Q. Under vitals: Height, six foot. Did you ascer -- you  
5 didn't ascertain that on August 2nd, correct?

6 A. No.

7 Q. Weight, 220 pounds. You didn't ascertain that on  
8 August 2nd, correct?

9 A. No.

10 Q. Physical exam findings, that's the bottom entry, right?

11 A. Yes.

12 Q. Okay. You didn't do a physical exam of him, did you?

13 A. No.

14 Q. Okay. So let's -- I turned it over on mine.

15 MR. WEISS: Ms. Adams, you can take down right now  
16 page 1 and if you could go to -- under 107C, page 4 please.

17 BY MR. WEISS:

18 Q. All right. You see it, can you see that, sir?

19 A. Yes.

20 Q. Okay. General appearance. This is I assume under  
21 findings from the previous page. "General appearance: Alert  
22 and oriented x3, no acute distress, no signs of intoxication."  
23 Did you put that down?

24 A. Yes.

25 Q. And did you ascertain that as a result of your August 2nd

1 contact with him?

2 A. Yes.

3 Q. What does x3 stand for?

4 A. To person, place and time.

5 Q. Pardon?

6 A. To person, place and time.

7 Q. Okay. And then underneath that is HEENT.

8 A. Yes.

9 Q. What does that stand for?

10 A. It's head, ears, neck, throat.

11 Q. Okay. And then you've got two words after that.

12 A. So it means the head looks normal, it looks like there's  
13 no head injury.

14 Q. Okay. And -- but it was more than head. It was H is  
15 head, E, the first E is?

16 A. Ear.

17 Q. Ear. You didn't look at his ears, did you?

18 A. This is --

19 Q. Sir, my question is you didn't look at his ears?

20 A. No.

21 Q. Okay. And the second E is?

22 A. Esophagus.

23 Q. You didn't look at that either?

24 A. No.

25 Q. And the N?

1 A. Nose.

2 Q. You didn't look at his nose either?

3 A. Oh, sorry, that was eyes, nose, throat.

4 Q. And you didn't look at either one of those, correct?

5 A. No.

6 Q. Okay. "Extremities: 5/5 muscle strength LE and 5/5 muscle  
7 strength UE." You didn't touch him, did you?

8 A. No.

9 Q. You didn't perform any examination as to muscle strength  
10 LE or muscle strength UE, did you?

11 A. I did.

12 Q. Oh, you did? Without touching him? Okay.

13 And skin, no rash, no lesions or ulcers. You didn't  
14 do a physical examination of him, did you?

15 A. No.

16 Q. And he was dressed, wasn't he?

17 A. Yes.

18 Q. Okay. Musculoskeleton, did you do an examination of that?

19 A. No.

20 Q. Okay. But there is, and would you read it to the jury  
21 please?

22 A. "Positive paraspinal muscle tenderness and tenderness in  
23 the lumbar spine."

24 Q. Okay. Then you have cranial nerves. What does that make  
25 reference to?

1 A. It makes reference to the nerves that go into the face and  
2 other areas, your sense of taste, touch -- I'm sorry, taste,  
3 smell, things like that.

4 Q. You didn't ask him any questions about that, did you?

5 A. No.

6 Q. Okay. All right. Assessment: M54.5, which stands for?

7 A. Lower back pain.

8 Q. Okay. And you did that simply on the basis of what he  
9 told you?

10 A. Yes.

11 Q. Okay. And the conversation regarding his pain lasted  
12 about 30 seconds?

13 A. I'm not sure.

14 Q. Okay. Relatively short, right?

15 A. No.

16 Q. Okay. You -- you felt it was long but sufficient enough?

17 A. Yes.

18 Q. Okay. All right. "Plan: Decrease Norco," correct?

19 A. Yes.

20 Q. "To 5/325 MG BID," correct?

21 A. Correct.

22 Q. Which stands for?

23 A. Two times a day.

24 Q. Okay. "Baclofen, 10 milligrams TID. Mobic, 15 milligrams  
25 daily." Correct?

1 A. Yes.

2 Q. Okay. "Continue home PT exercises, RTC in one month,"  
3 right?

4 A. Yes.

5 Q. And then you have a section on pain -- patient education,  
6 and you discussed with him the importance of medication  
7 compliance, right?

8 A. Yes.

9 Q. Okay. "Strongly encourage not to drive or operate  
10 machinery while taking pain medications or other controlled  
11 substances."

12 A. No.

13 Q. You didn't discuss that with him, did you?

14 A. No.

15 Q. Okay. Did you advise him against smoking?

16 A. No.

17 Q. Okay. Mixing opioids with benzodiazepine, did you discuss  
18 that with him?

19 A. Yes.

20 Q. Okay. "Alcohol, muscle relaxers or any other drug that  
21 may depress the central nervous system can cause serious health  
22 risks including death or disability." Did you discuss that  
23 with him?

24 A. Yes.

25 Q. Okay. And Baclofen, what is Baclofen?

1 A. It's a muscle relaxer.

2 Q. Okay. So you specifically talked to him about taking a  
3 muscle relaxer while he was taking an opiate?

4 A. He was on -- I'm sorry. Yes. Yes.

5 Q. Sir, my question is did you discuss with him the concerns  
6 about taking a muscle relaxer at the same time you are taking  
7 an opiate?

8 A. Yes.

9 Q. Okay. And that's on the tape?

10 A. Yes.

11 Q. Okay. All right. And you discussed safe disposal of  
12 opioids?

13 A. Not disposal.

14 Q. Okay. You talked about proper disposal of expired, unused  
15 or unwanted controlled substances?

16 A. No.

17 Q. Okay. Did you -- did you discuss with him the risks of  
18 substance abuse disorder and overdose associated with  
19 controlled substance containing an opioid?

20 A. Yes.

21 Q. All right.

22 MR. WEISS: And Ms. Adams, if I could trouble you to  
23 go to page 5.

24 BY MR. WEISS:

25 Q. All right. And on page 5 is -- that's your signature,

1 correct?

2 A. Yes.

3 Q. Okay. So you reviewed this five-page document and then  
4 you signed it, correct?

5 A. Yes.

6 Q. And at no time in your signature did you indicate any of  
7 it's in error, correct?

8 A. Correct.

9 Q. You didn't indicate, "I didn't author any of this, I don't  
10 know what it is," correct?

11 A. Correct.

12 Q. But you read over all five pages and you signed it as  
13 though it was true and accurate, correct?

14 A. No.

15 Q. Okay. So you signed it as though it was false and  
16 misleading? That's a yes or no.

17 A. Yes.

18 Q. Okay. Now, in terms of -- strike that.

19 In the summer of 2018 you were familiar, were you  
20 not, with the CDC guidelines that were published in 2016?

21 A. Yes.

22 Q. Okay. And in those guidelines do they -- first of all,  
23 those guidelines pertain to primary care physicians, correct?

24 A. Yes.

25 Q. Okay. Not necessarily physician -- excuse me, pain



1 management clinicians, correct?

2 A. Yes.

3 Q. Okay. But nonetheless, they can be utilized by the pain  
4 management clinician in his or her discretion, correct?

5 A. Yes.

6 Q. Okay. And do those guidelines mention anything at all  
7 about telling patients that they can go to jail?

8 A. No.

9 Q. Okay. Does it recommend that the clinician tell the  
10 patient what the government wants?

11 A. No.

12 Q. Okay. But nonetheless, when you decided to record  
13 surreptitiously your patients, you repeatedly warned them about  
14 going to jail and what the government wanted, correct?

15 A. Yes.

16 Q. Okay. I believe...

17 (Brief pause)

18 MR. WEISS: Your Honor, may I inquire of the Court --

19 THE COURT: Yes.

20 MR. WEISS: -- does the Court have down that  
21 Government's 169A has been admitted?

22 THE COURT: I believe it has. Let me double-check.  
23 Yes, 169 and 169A are received. A is the transcript and I gave  
24 the instruction about that.

25 MR. WEISS: Your Honor, I guess I'm going to ask for

1 some guidance from the Court. I would like to be able to  
2 display some portions of 169 on the screen to ask the witness  
3 some questions. Is the Court okay with that? I'm not going to  
4 play the tape again.

5 THE COURT: Sure.

6 MR. WEISS: But I'd just like to display some  
7 portions.

8 THE COURT: Yeah.

9 MR. HELMS: Your Honor, I'm sorry, just to clarify, I  
10 think I admitted 165 and 166 but I wouldn't have an objection  
11 to 169.

12 THE COURT: Well, 169's in.

13 MR. HELMS: It is in?

14 THE COURT: I received that.

15 MR. HELMS: Okay. I apologize, Your Honor.

16 THE COURT: And Mr. Weiss's reasonable request is to  
17 display the transcript as a visual aid to move along the  
18 questioning, and I don't have any problem with that.

19 MR. WEISS: Your Honor, just so the record's clear,  
20 the transcript itself is in excess of 300 pages.

21 THE COURT: Okay.

22 MR. WEISS: I don't intend to go through all 300.  
23 I'm just going to pick out some areas that I think perhaps  
24 would be a focal point.

25 THE COURT: Yeah. Well, that's good, very good.

1 Thank you, sir.

2 MR. WEISS: Thank you, Your Honor. Is it okay if I  
3 take a sip of water periodically?

4 THE COURT: Nobody's going to yell at you about that,  
5 Mr. Weiss. Okay. Go ahead.

6 MR. WEISS: Could you go to page 20 please?

7 BY MR. WEISS:

8 Q. Now, we don't know who the patient is during this  
9 conversation, do we, sir?

10 A. No.

11 Q. Did you keep a log of the patients who you recorded?

12 A. No.

13 Q. Okay. So we don't know and probably will never know who  
14 UP1 was, correct?

15 A. Correct.

16 Q. Pardon?

17 A. Correct.

18 Q. Okay. And just so I'm clear, this transcript of 169A was  
19 prepared in relation to your lawsuit that you've mentioned,  
20 correct?

21 A. No.

22 MR. WEISS: I'm sorry, can we...

23 (Brief pause)

24 Your Honor, may I approach?

25 THE COURT: Yes, sir.

1 Q. Sir, I'm going to hand you what is 169A, page 1 and ask  
2 you to take a look as to what is in the upper right-hand  
3 corner, okay?

4 A. Mm-hmm.

5 Q. The designation indicates your civil lawsuit, does it not?

6 A. I don't know.

7 Q. Okay. Do you know yourself as a relator? Do you know  
8 what that means?

9 A. No.

10 Q. Okay. Do you know who Thacker Anderson is?

11 A. A patient.

12 Q. A patient? Are you -- if you're not -- if you don't --

13 A. I don't know.

14 Q. Don't guess if you're not certain.

15 A. I'm not sure.

16 Q. Okay. All right. Okay. So on page 20 you indicate, "You  
17 realize it is a controlled substance with high risk."

18 "Yeah."

19 "And a lot of potential to go to jail if they catch  
20 you doing anything illegal with it."

21 "Yeah."

22 Correct?

23 A. Yes.

24 Q. And so --

25 MR. HELMS: Sorry, Your Honor. I don't -- I'm not

1 sure if the witness can see on his screen 'cuz it's not on any  
2 of our screens.

3 MS. McMILLION: We don't have it.

4 MR. COLLINS: We need a little help over here.

5 MR. HELMS: It's not on any of the counsels' screens.

6 MR. WEISS: When it comes to technology --

7 MR. HELMS: I know you didn't do it.

8 THE COURT: Whose -- whose -- whose computer is  
9 generating the -- okay. Well, I've got it and --

10 MR. HELMS: We have it now, Your Honor.

11 THE COURT: All right. Okay. Go ahead.

12 MR. WEISS: Thank you, Judge.

13 THE COURT: Mm-hmm.

14 BY MR. WEISS:

15 Q. So you felt it necessary to advise the patient about not  
16 doing anything illegal with the controlled substances, correct?

17 A. Yes.

18 Q. Now, you lived this recording because you were there and  
19 recorded the patient. At any point in time during your  
20 conversation with the patient did the patient indicate to you a  
21 proclivity to violating the law?

22 A. I don't know.

23 Q. Okay. So nonetheless, just for the heck of it, you  
24 threatened a patient with the potentiality of going to jail,  
25 right?

1 A. No.

2 Q. Oh, you didn't do that. Okay.

3 So you feel that sort of being a pseudo law  
4 enforcement officer is part of being a good physician?

5 A. No.

6 Q. Okay.

7 MR. WEISS: Can we go to page 45 please?

8 BY MR. WEISS:

9 Q. Do you see the passage, "And we've got to keep the  
10 community safe, right? These medications are controlled. They  
11 can get in the wrong hands. You could go to jail. You don't  
12 want to go to jail when you're 73."

13 Patient: "No."

14 Right?

15 A. Yes.

16 Q. Okay. Do you recall that interaction between a patient?

17 A. No.

18 Q. Okay. But in any event, was there anything in your  
19 conversation with your patient leading up to that passage that  
20 would demonstrate to you that that particular patient had a  
21 proclivity to violating the law and doing something  
22 impermissible with his or her medications?

23 A. I don't know.

24 Q. Okay. But nonetheless you felt compelled to threaten that  
25 patient with the potentiality of going to jail?

1 A. No.

2 Q. Okay. All right.

3 MR. WEISS: Go to 76, 77 please.

4 BY MR. WEISS:

5 Q. Do you see at the bottom of 76, sir, "And make sure these  
6 drugs are in a safe place."

7 "Oh, ya, I do."

8 (Unintelligible).

9 "Absolutely, absolutely."

10 Next page. "There's a crackdown on them now, so if  
11 they..."

12 Patient: "I understand."

13 You: "The federal governments finds them in anyone  
14 else's hands, you're going to jail."

15 We lost it.

16 "You're going to jail."

17 Patient: "Ya, ya, trust me, I'm not doing it."

18 You: "Um and."

19 Patient: "I'm sixty-three. I haven't been to jail in  
20 my life, man. I'm not doing that."

21 You: "Gotcha."

22 Okay. That's an accurate recitation of that passage  
23 of your leading with that particular patient, correct?

24 A. Yes.

25 Q. Okay. And again, no prior indication at all that this

1 particular patient was doing anything else inappropriate with  
2 his or her medication, and you felt it incumbent not only to  
3 warn them about going to jail, but you threw in the federal  
4 government fines them. And again, we've already indicated that  
5 there's nothing in the CDC guidelines that even remotely  
6 advises the clinician to threaten the patient about what the  
7 federal government may or may not do with them and that they're  
8 going to jail simply because they're getting a controlled  
9 substance.

10 A. No.

11 Q. Thank you.

12 MR. WEISS: 83 please.

13 BY MR. WEISS:

14 Q. Now, on 83, about two-thirds of the way down, you start a  
15 passage about asking about the person's pain, correct?

16 A. Yes.

17 Q. Okay. And then it continues on to the next page and they  
18 talk about Percocet or, excuse me, the patient talks about  
19 Percocet and you tell the patient, "No, no, no, it's not, so,  
20 we can't do narcotics and, so, do you take Baclofen?" Correct?

21 A. Yes.

22 Q. Okay. So what was it about that particular patient that  
23 when he or she mentions Percocets, you say, "No, no, no, it's  
24 not, so, we can't do narcotics"?

25 A. I have no idea.



1 Q. Okay. And then you continue down on the page and the  
2 patient indicates about being in a bad car accident and he's  
3 been shot again and you ask where the pain is. "It'll be all  
4 over, but it helps, cause I take my medicine like I should."

5 You respond, "Ya."

6 And then on the next page, "It's doing its job."

7 "Gotcha. So it's mostly in the left arm, right  
8 foot?"

9 "No, it's all over my body, I feel it."

10 THE COURT REPORTER: Mr. Weiss?

11 MR. WEISS: I apologize. I'm going too fast.

12 THE COURT REPORTER: You are.

13 MR. WEISS: Okay.

14 THE COURT REPORTER: So it's mostly in the left arm,  
15 right foot?"

16 Q. Doctor responds, "Gotcha. So it's mostly in the left arm  
17 and the right foot then?"

18 Patient: "No, it's all over my body, I feel it."

19 Doctor: "All over?"

20 Patient: "Cause that tingling and numbing coming  
21 through my spine and my back."

22 Doctor: "Gotcha."

23 Patient: "So as long as I take my medicine like I  
24 should, it's helping so that's what I'm doing."

25 Doctor: "Gotcha."

1           That is an accurate recitation of your conversation  
2       with that patient on that particular day, correct?

3       A.   Yes.

4       Q.   Okay.

5           MR. WEISS: And if we could go to 265 please.

6       BY MR. WEISS:

7       Q.   All right. So the patient is telling you that he or she  
8       would like a good neurologist that will diagnose him or her  
9       properly, correct?

10      A.   Yes.

11      Q.   And then makes reference to another physician that's not  
12      part of TPC and diagnosed with a particular ailment.

13      A.   Yes.

14      Q.   And you ask the patient about medications and you  
15      indicate, "Tylenol Four is not the answer to this."

16           And the patient indicates, "Well, Tylenol four is the  
17      answer to my knees and my back and my, my uh, you know, neck."

18           And you answer, "Narcotics are never the answer."

19           Correct?

20      A.   Yes.

21      Q.   Okay. And that seems to be a theme of yours about  
22      narcotics are never the answer, right?

23      A.   No.

24      Q.   It's not a theme. Okay.

25           MR. WEISS: Let's go to the top of 266 please.

1 BY MR. WEISS:

2 Q. And the patient goes, "Well, if you're gonna do away with  
3 that then I'll go elsewhere because I cannot tolerate the pain  
4 and Ibuprofen is not good for my heart nor my blood pressure."  
5 Correct?

6 A. Correct.

7 Q. So the patient is telling the doctor what the patient  
8 needs and the patient will go elsewhere, correct?

9 A. Yes.

10 Q. And even after the patient tells you how bad the pain is  
11 and that what you may be recommending is not good for his or  
12 her heart or blood pressure, your response is, "Well, neither  
13 are narcotics." Rather cavalier response, correct, to someone  
14 that's in a lot of pain, yes?

15 A. Yes.

16 Q. Thank you.

17 The CDC guidelines talk about discharging the  
18 patient, correct?

19 A. No.

20 Q. Okay. That's fine. And they never reference about the  
21 concerns about a patient being discharged and perhaps having to  
22 go cold turkey and withdrawal from the pain medication that the  
23 patient's been on for a varying period of time?

24 A. They do.

25 Q. Okay. All right. So let's go to page 22 please. All

1 right. So you tell the patient, "Alright. My main goal for  
2 you is you're thirty-four years old, you're old." I hope 34  
3 isn't old, that's me. "You're one year older than me and  
4 you're on medications that can take you down the wrong path  
5 pretty quickly, and I'm trying to take you off of it. You can  
6 agree with me and stick to my plan or you can go elsewhere and  
7 you'll get, you'll get the medications and I'm telling you,  
8 you're going down the wrong path, right?"

9 So you're essentially telling the patient, "It's my  
10 way or the highway," correct?

11 A. No.

12 Q. Okay.

13 MR. WEISS: 40 -- or excuse me, 166.

14 BY MR. WEISS:

15 Q. Now, I know it says RB but I think you'd agree with me  
16 that it should be HP. Do you see that, sir?

17 A. Yes.

18 Q. Okay. "I come from New York, where I've seen twelve kids  
19 die, your age, just from these medications. So I'm telling you  
20 right now, it's not gonna happen. But you can go elsewhere.  
21 Once you leave this clinic you're discharged if you don't  
22 follow my instructions." You see that, sir?

23 A. Yes.

24 Q. And you told that to a patient, correct?

25 A. Yes.

1 Q. Okay.

2 MR. WEISS: 269 please.

3 BY MR. WEISS:

4 Q. Now, on 269 -- let me -- let me back up a little bit.  
5 Prior to this passage, the patient is telling you about his or  
6 her ailments and the excruciating pain that the patient is  
7 suffering. Do you recall that?

8 A. Yes.

9 Q. And the patient is wanting some pain killers, correct?

10 A. I'm not sure.

11 Q. Okay. And you're reticent to giving that patient pain  
12 killers, correct?

13 A. Yes.

14 Q. Okay. And so the patient gets a little bit frustrated and  
15 the patient goes, "Let's put some rides -- rods in your back  
16 and see if you'll get off the medication, blank, yeah. Truth,  
17 sorry."

18 You respond, "You can go somewhere else if you're  
19 gonna act, behave that way. That was very inappropriate."

20 Patient: "Well, you know..."

21 You: "Good luck."

22 Patient: "...it's the truth I'm sorry.

23 (Unintelligible).

24 (Overlapping) "

25 Patient -- or excuse me, You: "He'll be discharged

1 from here."

2 So that's an accurate passage of what you and the  
3 patient discussed on that particular day, right?

4 A. Yes.

5 Q. Okay. So the patient is trying to have you think the way  
6 he or she is. They've got rods in the back and they can be  
7 painful, correct?

8 A. Yes.

9 Q. And generally when rods end up in someone's back, it's  
10 after a surgery, correct?

11 A. Yes.

12 Q. Maybe multiple surgeries?

13 A. Yes.

14 Q. And you've already described this morning or earlier today  
15 about -- I think you described it as the failed back surgery  
16 syndrome?

17 A. I did not.

18 Q. Okay. And so the patient is trying to get you to think  
19 the way he or she is or to feel the way he or she is and says,  
20 "Let's put some rods in your back." And you are so offended by  
21 that that you're discharging the patient from here, correct?

22 A. No.

23 Q. "He'll be discharged from here." Those are your words,  
24 right?

25 A. Yes.

1 Q. Thank you.

2 Now, are there anywhere in the CDC guidelines that  
3 recommend that the clinician should tell the patient how bad  
4 the particular office is that the patient is in?

5 A. Is this a yes or no?

6 Q. Sure. Does the CDC recommend to the physician that the  
7 physician tell the patient that they're in a bad place, meaning  
8 a bad office?

9 A. No.

10 Q. Okay.

11 MR. WEISS: Let us go to page 21 please. You can  
12 blow that up please, Chris.

13 BY MR. WEISS:

14 Q. So this is you. "So, I don't prescribe opioids for  
15 unnecessary reasons and I'll tell you that much. I think this  
16 clinic is ridden with people that take opioids for the wrong  
17 reasons." You told that to a patient, right?

18 A. Yes.

19 Q. Okay.

20 MR. WEISS: Let's go to page 40 and 41 please.

21 BY MR. WEISS:

22 Q. You're telling a patient, "I like Detroit a lot and  
23 honestly, I care about the city a lot. And that's -- and  
24 that's kind of why I joined this clinic. Because I knew there  
25 were a lot of prescribing habits that aren't the best."

1           So you were telling the patient that you joined the  
2 clinic knowing that the prescribing habits aren't the best,  
3 right?

4       A.   In the area, yes.

5       Q.   Okay. So I read -- I -- that passage is telling that you  
6 knew before you joined the clinic that the prescribing habits  
7 aren't the best, right?

8       A.   In that area, yes.

9       Q.   Okay. Patient answers, "Yeah".

10           You: "So, I wanna keep the city safe."

11           Patient: "Sure."

12           "And I'm gonna have every patient play their role in  
13 that too."

14           Correct?

15       A.   Yes.

16       Q.   All right.

17           MR. WEISS: And on the top of the next page please.

18       BY MR. WEISS:

19       Q.   You asked the patient, "So I understand the Norco's  
20 helping you?"

21           The patient answers, "Yes."

22           And you say, "Right," correct?

23       A.   Mm-hmm.

24       Q.   But you're telling the patient, the patient can try  
25 other -- other medications, correct?



1 A. Yes.

2 Q. Okay. But then after telling the patient about the bad  
3 prescribing habits of the clinic and that there are other  
4 medications, you relent and you tell the patient, "I'm not  
5 going to change your narcotics," right? Right?

6 A. Yes.

7 Q. Okay. And then you say something, "Because narcotics are  
8 never the answer for pain."

9 MR. WEISS: Are we on 41?

10 MR. ANTONE: Correct.

11 MR. WEISS: Okay.

12 BY MR. WEISS:

13 Q. So you acknowledge that on that day you did continue with  
14 the narcotics prescriptions that had previously been prescribed  
15 for this patient, correct?

16 A. Yes.

17 Q. Okay. Even though you say narcotics are never the answer  
18 for pain?

19 A. Yes.

20 Q. Okay. Now, you indicated earlier in your direct  
21 examination about back braces, correct?

22 A. Yes.

23 Q. Okay. But you also would inquire about braces from the  
24 patients that you saw, correct?

25 A. Yes.

1 Q. Okay.

2 MR. WEISS: 104 please.

3 BY MR. WEISS:

4 Q. All right. So you acquire of the patient -- inquire of  
5 the patient, "Do you need a back brace or anything?"

6 "Have a back brace, new brace, and all that and this  
7 guy."

8 You respond, "Yep, perfect."

9 All right?

10 A. Yes.

11 Q. So you inquired and he already had one.

12 And is there anything in the conversation between you  
13 and your patient on that date leading up to the passage that  
14 would indicate the necessity for this individual having a back  
15 brace?

16 A. I don't know.

17 Q. Okay. And I think you testified about a spinal cord  
18 stimulator?

19 A. Today?

20 Q. Yes.

21 A. No.

22 Q. Okay. Do you know what a spinal cord stimulator is?

23 A. Yes.

24 Q. Okay. Would you relate to the jury what it is?

25 A. So a spinal cord stimulator is pretty much like a

1 pacemaker for the spine. It helps block any sort of pain  
2 signals from going upwards, and it's a -- a device that you  
3 implant into the spinal -- into that space.

4 Q. So it necessitates some surgery?

5 A. The -- not the trial.

6 Q. No, but to implant it?

7 A. For the implant, yes.

8 Q. And it is an alternative to narcotics, correct?

9 A. Yes.

10 Q. Okay. And it's something that at times even yourself  
11 advocated to the patients, correct?

12 A. Yes.

13 MR. WEISS: Okay. 196 please.

14 BY MR. WEISS:

15 Q. All right. And here's where you're telling the patient  
16 about perhaps considering a spinal cord stimulator, correct?

17 A. Yes.

18 Q. And you're telling the patient, "Basically all it does  
19 it's one electrode that will be put in the back and it makes  
20 your body think that anything that's going down here that feels  
21 like pain is just a bit of pressure." Correct?

22 A. Yes.

23 Q. And you're recommending it perhaps down the line, correct?

24 A. Yes.

25 Q. Okay. But you first want to get the back into a

1 comfortable place, right?

2 A. Yes.

3 Q. Okay. "But, ultimately, I think that's what's going to  
4 get you off all the medications, off the therapy, whatever else  
5 you need. Alright? So, we'll definitely talk about that in  
6 the future." Correct?

7 A. Yes.

8 Q. Okay. And that's something that the TPC did. The  
9 physicians there did occasionally mention to their patients  
10 about taking a look at a spinal cord stimulator, correct?

11 A. Yes.

12 Q. All right.

13 MR. WEISS: Let's go back to page 41 please, just the  
14 one in the center, "So, unfortunately."

15 BY MR. WEISS:

16 Q. So you're telling a patient, "So, unfortunately the only  
17 thing that really helps and is proven in literature is physical  
18 therapy and exercise."

19 Is it your testimony that the literature and studies  
20 do not demonstrate the efficacy and propriety of pain -- of  
21 Schedule II pain killers for lower back pain?

22 A. No.

23 Q. Okay.

24 MR. WEISS: All right. Let's go to page 8 -- excuse  
25 me, 182.

1 BY MR. WEISS:

2 Q. So you're telling patients, "So, I mean, so you also gotta  
3 understand that these are controlled substances..."

4 Patient: "Oh, I know. I realize that, yeah."

5 "There's really actually no indication for lower back  
6 pain for prescribing, like, these medications."

7 That's what you told the patient, correct?

8 A. Yes.

9 Q. But the literature does indicate and there is an  
10 indication for Schedule II pain killers for lower back pain, is  
11 there not?

12 A. Yes, there is.

13 Q. Thank you.

14 At times you would advocate for injections, correct?

15 A. Yes.

16 Q. All right.

17 MR. WEISS: Page 1 please.

18 BY MR. WEISS:

19 Q. "So the way that these injection work, um, the ones that  
20 you're putting -- that you're getting today the burns. You  
21 only do one set at a time. So if we only do it today and you  
22 don't come back in the next month honestly you're gonna feel  
23 really imbalanced..." Correct?

24 A. Yes.

25 Q. Okay. So you're advocating a certain injection today and

1 maybe the other side in about a month, correct?

2 A. Yes.

3 Q. Okay.

4 MR. WEISS: Page 6 please. 103, I'm sorry.

5 BY MR. WEISS:

6 Q. Okay. So the patient is describing or advising that  
7 they've never prescribed injections for his or her back, and  
8 you indicate, "That's unfortunate. So, I'll tell you right  
9 now. I think the first injection we should try just for your  
10 lower back pain..."

11 Patient: "Mm hmm."

12 "Covers most of the spine, most of your lower back.  
13 It's called a cau', it's called a caudal epidural steroid  
14 injection. It's just one needle. We're not even going to go  
15 through the back here. We're just going right to the bottom  
16 and we're gonna fill up the spine..."

17 Patient: "No problem."

18 "with steroids and a little bit of anesthetic. It'll  
19 numb out, it'll calm all of these nerves down better that are  
20 kind of irritated. And, I think that's gonna be the first  
21 step. We're gonna see how you respond to that. You're gonna  
22 start physical therapy again, do all the normal things that you  
23 need to do to get, you know, back into shape as well."

24 Correct?

25 A. Yes.

1 Q. So you're telling the patient about the positives of the  
2 injection, correct?

3 A. Yes.

4 Q. But you didn't tell the patient any of the negatives?

5 A. I did.

6 Q. You did. Okay.

7 MR. WEISS: 107 please.

8 BY MR. WEISS:

9 Q. All right. You introduce yourself: "Dr. Patel. It's nice  
10 to meet you."

11 Patient: "Same here."

12 "Well, how's your pain?"

13 "Nine. Can I get my shots back?"

14 You respond, "What shot?"

15 Patient: "Uh, I get my back injection in my back."

16 "What shot do you get? It's in your neck?"

17 "No, it's in my lower back."

18 Now, when you came into the room, had you reviewed  
19 this patient's chart at all?

20 A. I had no time.

21 Q. You had no time. Okay.

22 And you didn't feel it was appropriate to maybe take  
23 some time so you could talk intelligently with the patient?

24 A. I did.

25 Q. You did. Okay.

1                   Next page. "Lower back? Where is your pain right  
2                   now?"

3                   "In my lower back."

4                   "And, does it go down your legs at all?"

5                   "Yes, it's down my legs now and on my back."

6                   "Down your arms as well?"

7                   "And my arms. (Unintelligible)."

8                   You: "Gotcha. What's bothering you more, your upper  
9                   neck or your lower back?"

10                  "Uh, my lower back and my arms and legs are numb."

11                  Let's just stop right there for a minute. So you're  
12                  inquiring about what bothers this patient more, either upper  
13                  neck problem or a lower back problem, correct?

14                  A. Yes.

15                  Q. So some patients present with multiple pain generators,  
16                  correct?

17                  A. Yes.

18                  Q. In different parts of the body, correct?

19                  A. Yes.

20                  Q. And sometimes you can't deal with all of it at one time  
21                  for whatever reason, and so you do what you can and then you --  
22                  you have to revisit the other area or go to the other area,  
23                  correct?

24                  A. Yes.

25                  Q. Okay. All right. Your response, "Ya?"



1 Patient: "Ya."  
2 "Awright."  
3 "I haven't been here in six months."  
4 "Gotcha."  
5 "That's -- that's why it's probably hurting as bad as  
6 it is."  
7 "Where you been?"  
8 Please keep going.  
9 "Home."  
10 "Home."  
11 "Stressed out."  
12 "Why?"  
13 "Woman."  
14 "Huh."  
15 "A woman."  
16 "Women. All right."  
17 "A woman's (unintelligible) me. Look at my lips.  
18 Woman."  
19 "Women?"  
20 THE COURT REPORTER: Wait, Mr. Weiss. When you're  
21 reading it like this into the record and if I'm to do a  
22 transcript, it's -- it's --  
23 MR. WEISS: I apologize.  
24 THE COURT REPORTER: Can you please indicate the  
25 patient, the doctor? I mean it's going to be all over the

1 place for a transcript.

2 MR. WEISS: Too many women.

3 Q. Patient goes, "A woman."

4 Dr. Patel goes, "Woman. All right."

5 Patient: "A woman's (unintelligible) me. Look at my  
6 lips. Woman."

7 Dr. Patel: "Womens."

8 Patient: "Woman. Not womens. A woman. I wish it  
9 was women. We'd be smiling together."

10 Patel: "That's life."

11 "No, I've been uh, got a lot of family issues, man."

12 Patel: "Gotcha."

13 Next page. Patel: "Ya. Um, all right. So, let me  
14 check it out. I think what we could do is we'll, we'll do the  
15 back injection and we'll see how you do with that. All right?"

16 "Right now, right?"

17 "No. We gotta schedule that."

18 Okay. So you're telling the patient that you're  
19 going to schedule -- I assume it's a male but I guess I  
20 shouldn't make that assumption -- you're -- you're advising the  
21 patient that you're going to schedule a back injection for that  
22 particular patient, correct?

23 A. Yes.

24 Q. Okay.

25 MR. WEISS: Go to 192 please.

1 BY MR. WEISS:

2 Q. All right. So you're discussing with the patient that the  
3 patient had previously received injections, correct?

4 A. Yes.

5 Q. Okay. And you're asking the patient, "I understand, yeah.  
6 Alright, so, basically what kind of injections and stuff did he  
7 do for you?"

8 Patient: "He did the back injections."

9 Patient: "How many times a month did you get them?"  
10 Or excuse me, that's you. "How many times a month did you get  
11 them?"

12 Patient: "(mumbling, unintelligible) About once a  
13 month."

14 You: "What kind of injections were they?"

15 Patient: "I didn't know the name of them."

16 You: "Did you have pain?"

17 Patient: "They did make my back feel better."

18 You: "They did?"

19 Patient: "You know, not a hundred percent better,  
20 like, um, back to normal, but it made them feel a lot better  
21 than what it was." Okay?

22 So the patient is describing the fact that he or she  
23 has had injections and they've made the patient feel better,  
24 correct?

25 A. Yes.

1 Q. So sometimes they do work, correct?

2 A. Yes.

3 Q. Okay.

4 MR. WEISS: 202 please.

5 BY MR. WEISS:

6 Q. All right. And you inquire, "Alright, how's your pain?"

7 Patient: "My pain is worsened and it's getting..."

8 Let's go to the next page.

9 You indicate, "It's worse?"

10 Patient: "I'm on, I have to take like one and a half  
11 now."

12 You: "Mmhm."

13 Patient: "Sometimes two depending on how bad it is."

14 You: "Where is your pain?"

15 Patient, "It's here."

16 You: "Mhm."

17 Patient: "...on my low- Let me show you.

18 (Unintelligible) on my back it goes all the way across. It's  
19 like down there."

20 You: "Across like that?"

21 "My" -- Patient: "My left side has pain, but there,  
22 in the center to the right, and when they, when it starts. And  
23 then my knees."

24 You: "Both your knees?"

25 Patient: "...and legs. Yes."

1           You: "Alright. Um, so what you want to get treated  
2 for first? Do you want to get the knee injections today?"

3           "Mmm mmm."

4           You: "No? Do you want to get the neck pain treated?"

5           Patient: "What's the, um, what's, what's going to  
6 happen?"

7           You: "So that's just a cervical epidural. So it's  
8 one injection. It basically calms the nerves down that are  
9 going down your arm from the neck."

10          Patient: "Mmm."

11          You: "Um, it usually causes pretty good pain relief  
12 for a couple of months at a time, but you could, it would,  
13 sometimes you need more than one to get good effect. Um, the  
14 main thing, you know at the end of the day, none of these  
15 things help with pain in the long term..."

16          "Mmhmm."

17          You: "...as much as physical therapy, exercise..."

18          The patient indicates, "I'm in physical therapy."

19          Next page. You respond, "...weight loss. How many  
20 sessions have you done so far?"

21          Patient: "I done about eight? Seven or eight. And I  
22 have one today as well."

23          You: "And what? Sorry, I missed that."

24          Patient: "Look, I have a whole (unintelligible) one  
25 therapy..."

1           You: "Uh huh."

2           Patient: "...and physical therapy. Um, as soon as we  
3 get -- as soon as we did those things."

4           You: "Gotcha. Alright. So I really need you to  
5 continue doing the physical therapy. All we can do is help you  
6 get through the physical therapy and interventions. Right?  
7 This is a interventional pain clinic."

8           Correct?

9           A. Yes.

10          Q. Okay. So let's break that down a little bit. The patient  
11 is presenting with multiple pain generation -- generators in  
12 different parts of the body, correct?

13          A. Yes.

14          Q. And you're advising, "Well, we can't do it all today and  
15 let's break it down. So what's hurting more, the neck or the  
16 knee?" Correct?

17          A. Yes.

18          Q. Okay. And then you're advising that you are an  
19 interventional plain -- pain clinic, correct? Correct?

20          A. They are at an interventional pain clinic.

21          Q. Pardon?

22          A. They are at an interventional pain clinic, yes.

23          Q. This is a interventional pain clinic are your words?

24          A. Yes.

25          Q. And an interventional pain clinic performs interventions,

1 correct?

2 A. Correct.

3 Q. Okay. And interventions can be injections, correct?

4 A. Yes.

5 Q. Okay.

6 MR. WEISS: 205 please.

7 BY MR. WEISS:

8 Q. All right. Now, this is continuing on with the same  
9 patient a little bit later on during the conversation.

10 You: "As far as the medication goes, besides the  
11 Norco," I assume the (PH) means spelling, I don't know, "or, is  
12 any of the other medications actually helping you? You're on  
13 Gabapentin as well."

14 Patient: "I take Gabapentin because it does help  
15 sometimes."

16 Next page, it's 206. "Good. So what, you're at a  
17 very low dose. So I'm actually going to go up on it. It  
18 should help a little bit more. Alright."

19 Patient: "How high?"

20 You: "You're at the one-hundred."

21 Patient: "Mmhm."

22 You: "So we could move up to three-hundred now."

23 Patient -- Patient: "They give, they put me on  
24 three-hundreds and I start hallucinating from it. So that's  
25 why they lowered it to..."

1           You -- so you respond, "So what we could do is slowly  
2 go up. We could go up to two-hundred and do it three times a  
3 day. You should be fine with that. Because..."

4           Patient: "Oh, okay."

5           You: "Do you want an injection in your shoulder?"

6           Patient: "I don't know where I want it. All I know  
7 it's hurting. Mmhmm."

8           You: "That hurts?"

9           Patient: "Yes it does."

10          You: "What about on this side?"

11          Patient: "This side hurts too, but this is the one,  
12 this whole side."

13          You: "That's fine. I can get the injection done  
14 today if you want."

15          Patient: "In my shoulder?"

16          You: "We can put some (unintelligible) in it. Yea."

17          Patient: "Mmm mmm."

18          You: "No?"

19          Patient: "Mmm."

20          MR. CHAPMAN: Art.

21          MR. WEISS: Excuse me, Your Honor.

22          (Brief pause)

23 Q. I think I left off with Patient: "Mmm mmm"

24          You responding, "No?"

25          Patient: "Mmm, no in here and my, not in my neck."



1           You: "No, I think the neck injection's going to help  
2 the most because you have some ridiculer (PH) symptoms. But  
3 the shoulder injection I could do today because it does seem  
4 arthritic."

5           Patient: "Mmhmm."

6           So here the patient again is presenting with  
7 normal -- multiple pain generators, correct?

8           A. Yes.

9           Q. And you're recommending injections, correct?

10          A. Yes.

11          Q. And it's just a matter of which is the worst and which is  
12 the one you're going to do today, and because of the nature of  
13 the injections, you're just going to have to wait for another  
14 day to do the others, correct?

15          A. Yes.

16          Q. Okay. Which means since you're waiting, the patient has  
17 to come back, correct?

18          A. No.

19          Q. Patient doesn't have to come back?

20          A. No.

21          Q. So the patient doesn't come back, foregoes the additional  
22 injections and just continues to suffer?

23          A. That's their choice, yes.

24          Q. Okay. And so you're good with just doing one and then  
25 leaving the patient off? You're not going to schedule the

1 patient for a followup?

2 A. If they want to, yes.

3 Q. So you're going to broach that with the patient, correct?

4 A. Yes.

5 Q. And if the patient wants to come back in a couple of weeks  
6 or a month, he or she will?

7 A. Yes.

8 Q. And there's nothing sinister or improper with asking the  
9 patient if you want to come back for additional injections for  
10 the other pain generators, correct?

11 A. For the right indication, yes.

12 Q. Yeah, okay. Injections, we're talking about injections,  
13 sir, right?

14 A. For the right indication.

15 Q. Yeah. Okay.

16 A. Yeah.

17 MR. WEISS: Could we go to 211 please?

18 THE COURT: Maybe we can get more done if we simply  
19 ask him those types of questions that you wrapped up with, and  
20 if there's some disagreement, then refer to the transcript  
21 rather than reading these verbatim over and over again into the  
22 record.

23 BY MR. WEISS:

24 Q. Okay. Following the Court's suggestion, there are  
25 about -- about another six or seven similar passages with other

1 patients where injections are recommended by yourself, correct?

2 A. Yes.

3 Q. In fact, there's one patient who is getting his or her  
4 injections at Beaumont, correct?

5 MR. WEISS: You can take that down.

6 BY MR. WEISS:

7 Q. And you counsel the patient about, "We're an  
8 interventional Pain Center, we can do your injections, there's  
9 no reason to go to Beaumont." Do you recall that, sir?

10 A. No.

11 Q. Okay.

12 MR. WEISS: Would you give me a moment, Your Honor,  
13 'cuz that one I have to look up.

14 (Brief pause)

15 BY MR. WEISS:

16 Q. All right. Let us go to -- let's just go to 220, and just  
17 in the -- in the area of speeding things up, the last  
18 highlighted passage by you: "So that's fine. I mean honestly  
19 we could do the epidural too. You don't need to go to Beaumont  
20 for that. We'll take care of all your pain management."

21 Now do you recall advising the patient about coming  
22 back to you and not going to Beaumont?

23 A. Yes.

24 Q. Okay. Thank you.

25 You also recorded a series of conversations between

1     yourself and Dr. Bothra, correct?

2     A.   Yes.

3     Q.   Okay.  And Dr. Bothra indicated to you that he was  
4     considering leaving the practice to you, correct?

5     A.   Yes.

6     Q.   Okay.  He was getting -- he was going up in years, he was  
7     thinking of cutting back, and someone like yourself was someone  
8     that he envisioned taking over the practice, correct?

9     A.   Yes.

10    Q.   Now, at this point in time you're already talking to the  
11    government, correct?

12    A.   Yes.

13    Q.   Okay.  You've already got your civil lawsuit lawyer,  
14    correct?

15    A.   No.

16    Q.   You don't have him yet.  Okay.

17             But you're contemplating that lawsuit, correct?

18    A.   No.

19    Q.   You're not even contemplating it then.  Okay.

20             And so you're telling him about, you know, "I got my  
21    family back East and they're not doing too well," and you're  
22    going to go back East, correct?

23    A.   Yes.

24    Q.   Okay.  All right.  In fact, you're even telling Bothra,  
25    you know, "I may get out of medicine altogether and just deal

1 with my family's businesses," correct?

2 A. Yes.

3 Q. Okay. And you've got to leave and go back East, correct?

4 A. Yes.

5 Q. Okay. And you look Dr. Bothra in the eye, you guys are  
6 face to face, and you're telling him that you've got to go back  
7 East to handle family matters, you've got to leave the Detroit  
8 metropolitan area, correct?

9 A. Yes.

10 Q. But in reality you're already negotiating for a job in  
11 Southfield, Michigan, correct?

12 A. I'm not sure of the timeline.

13 Q. But you do take a job in August of 2018 with Northland --  
14 what is it, Northland Associates, Northland Radiology?

15 A. Not in August.

16 Q. Not in August? Okay.

17 But you do have some -- well, let's back up for a  
18 second. You do go to Northland, correct?

19 A. Yes.

20 Q. Okay. So you don't go back East, right?

21 A. I do go back East.

22 Q. But you've got this new job in Southfield, correct?

23 A. It is a contract that was temporary.

24 Q. Sir, my question was you've got this job in Southfield,  
25 correct?

1 A. Yes.

2 Q. Northland, was it Radiology?

3 A. Yes.

4 Q. Was it Associates?

5 And were you aware of the fact that when you took  
6 this job in late summer of 2018, that the owner of Northland  
7 had already been convicted of fraud in this building?

8 MR. HELMS: Objection. It assumes facts not in  
9 evidence and also the witness has testified he didn't start in  
10 the summer of 2018.

11 THE COURT: Well, I -- I think it -- did you know  
12 that, Doctor?

13 THE WITNESS: No.

14 THE COURT: Okay. Go ahead.

15 MR. WEISS: Thank you, Judge.

16 THE COURT: The questions aren't evidence, ladies and  
17 gentlemen, the answers are, okay? All right.

18 Go ahead, Mr. Weiss.

19 BY MR. WEISS:

20 Q. Sir, do you have a presence -- I'm sorry, I've got to go  
21 to the microphone. Sir, do you have a presence on the  
22 Internet?

23 A. Yes.

24 Q. Okay.

25 MR. WEISS: May I approach the witness, Your Honor?

1 THE COURT: Yes.

2 Q. I'm going to ask you if you can identify this. It's three  
3 pages.

4 A. Yes.

5 Q. Okay.

6 MR. WEISS: May I retrieve it, Your Honor?

7 THE COURT: Yes, mm-hmm.

8 MR. WEISS: Thank you.

9 Q. Are you able to identify those three pages, sir?

10 A. Yes.

11 Q. And would you tell the jury what they are?

12 A. It's my LinkedIn profile.

13 Q. LinkedIn?

14 A. Yes.

15 Q. Okay. And that's social media on the Internet?

16 A. It's networking for professionals.

17 Q. Okay. And part of it indicates what you're currently  
18 doing, correct?

19 A. Yes.

20 Q. And part of it indicates what you've done?

21 A. Yes.

22 Q. Correct? Okay. And you indicate on your LinkedIn profile  
23 Interventional Pain Physician, correct?

24 A. Yes.

25 Q. Okay. And you indicate Northland Radiology, Inc.,

1 correct?

2 A. Yes.

3 Q. And you indicate August 2018 through June 2019, 11 months,  
4 Southfield, Michigan, correct?

5 A. Yes.

6 Q. Okay. So in July or August of 2018 when you were looking  
7 Dr. Bothra right in the eye and telling him, "I've got this  
8 family emergency in New Jersey, I got to rush back, I'm sorry,  
9 Doctor, thank you for the opportunities that you've given me,  
10 no one else would give me those opportunities but I've got to  
11 go back to New Jersey," you're negotiating for a job in  
12 Southfield, correct?

13 A. No.

14 Q. Okay. But you told the jury earlier that you didn't leave  
15 the TPC until November of 2018, right?

16 A. Correct.

17 Q. So between August, September, October and November, four  
18 months, there's an overlap between TPC and Northland Radiology  
19 Inc., correct?

20 A. That date is just wrong.

21 Q. This is off your site, correct?

22 A. Yes.

23 Q. You're familiar with the Hypocratic Oath?

24 A. Yes.

25 Q. All physicians take it?



1 A. Yes.

2 Q. Before they become physicians?

3 A. Yes.

4 Q. Correct?

5 Part of it says that you're to do no harm to your  
6 patients, correct?

7 A. Yes.

8 Q. Okay. Part of it is to -- that whatever goes on between  
9 you and your patient remains confidential, correct?

10 A. Yes.

11 Q. Okay. So is it your testimony here that all of the  
12 procedures that you did at the TPC did not harm your patients?

13 A. No.

14 Q. So you violated your oath, correct?

15 A. No.

16 Q. You -- okay. Well, you either violated it or you didn't  
17 cause harm, so which is it, sir?

18 A. I don't know.

19 Q. Okay. And you definitely didn't keep what went on between  
20 you and your patients confidential, did you?

21 A. I did.

22 Q. You did. Okay.

23 But you recorded it, correct?

24 A. Yes.

25 Q. You gave the recordings to the government, correct?

1 A. Yes.

2 Q. You gave the recordings to your attorneys, correct?

3 A. Yes.

4 Q. They weren't all in that room with you and your patient,  
5 were they?

6 A. No.

7 Q. And so you think recording them and disseminating them to  
8 all these entities and individuals is still keeping that  
9 communication confidential?

10 A. I don't know.

11 Q. You filed your lawsuit almost four years ago, correct?

12 A. Yes.

13 Q. The government still has not made a determination whether  
14 or not to intervene, correct?

15 MR. HELMS: Objection. Calls for -- calls for  
16 speculation.

17 MR. WEISS: If he knows.

18 THE COURT: You can answer if you know.

19 THE WITNESS: I don't know.

20 BY MR. WEISS:

21 Q. You don't know. Okay.

22 How much money do you intend to realize as a result  
23 of that lawsuit?

24 A. None.

25 Q. None? Okay.

1 But you filed it because you were concerned about  
2 supporting your family, right?

3 A. Yes.

4 Q. And now almost four years later you cavalierly say, "I  
5 don't expect to get anything"?

6 A. No.

7 Q. Okay. By the way, in preparing your complaint, you took  
8 documentation from the TPC, correct?

9 A. Not physically.

10 Q. Not physically. Okay.

11 Do you know how various charts ended up as being  
12 exhibits to your civil lawsuit?

13 A. Pictures, yes.

14 Q. Pardon?

15 A. Pictures.

16 Q. Pictures. Okay.

17 So you felt it was okay to take a picture of a  
18 confidential document and give it to someone else, correct?

19 A. I don't know.

20 Q. You don't know. Okay.

21 The government had you identify your agreement  
22 between yourself and the TPC, correct?

23 A. Yes.

24 Q. Okay. And you indicated that you signed it on or about  
25 February 14 of 2018, correct?

1 A. Yes.

2 Q. And at that point in time had you already been out to see  
3 the TPC?

4 A. Yes.

5 Q. Okay. So you saw what they were doing, correct?

6 A. On a Saturday.

7 Q. On a Saturday.

8 But you still saw what they were doing?

9 A. Yes.

10 Q. And you saw how they were doing it?

11 A. No.

12 Q. You didn't see how they were doing it?

13 A. No.

14 Q. So let's -- let's break that down a little bit. You  
15 physically went into the facility, correct?

16 A. Yes.

17 Q. There were patients there, correct?

18 A. Yes.

19 Q. Okay. Patients were getting prescriptions, correct?

20 A. No.

21 Q. No prescriptions at all were issued that day?

22 A. No.

23 Q. Okay. And were they getting procedures?

24 A. Yes.

25 Q. Okay. And so you saw that?

1 A. Yes.

2 Q. All right. And in the entirety of that day, you didn't  
3 see one prescription being written, correct?

4 A. I did not see any prescriptions written that day.

5 Q. Okay. And nor were prescriptions or medications discussed  
6 with the patients?

7 A. I'm not sure.

8 Q. Okay. Now, you've indicated that you have to stick around  
9 because the contract talked about 90 days or three months  
10 notice, correct?

11 A. Yes.

12 Q. Okay. But that wasn't the only provision in that  
13 agreement, was it?

14 A. I'm not sure.

15 Q. Well, the agreement encompassed seven pages, correct?

16 A. Yes.

17 Q. So I imagine in seven pages there was something more about  
18 you've got to give three months notice if you're leaving,  
19 correct?

20 A. I'm not sure.

21 Q. Okay. All right. Did you promise that you would  
22 recognize and adhere to all professional ethics and customs?

23 A. In the contract?

24 Q. Yeah.

25 A. Yes.

1 Q. Okay. Did you indicate that you would adhere to practice  
2 in accordance with applicable standards of care?

3 A. Yes.

4 Q. Did you indicate that you would adhere to avoid all acts,  
5 habits and use -- usages that might injure in any way directly  
6 or indirectly the professional reputation and standing of TPC,  
7 IPC or any or its employees, affiliates? Did you do that?

8 A. That would have been nice if the clinic did. Yes.

9 Q. I'm sorry what was the -- the little remark before you  
10 responded yes?

11 A. It would have been nice if the rest of the clinic upheld  
12 those.

13 Q. I see. But we're talking about you now, sir, right?

14 A. Yes.

15 Q. You're the one that signed this document, right?

16 A. Yes.

17 Q. You're the one that is testifying under oath in front of  
18 this jury?

19 A. Yes.

20 Q. So with all due respect, we're going to deal with you  
21 today, okay?

22 A. Yes.

23 Q. All right. You would adhere to all applicable federal,  
24 state and local government laws, rules and regulations as well  
25 as all licensure requirements, correct?

1 A. Yes.

2 Q. Okay. You also indicated that you would maintain patient  
3 records and confidentiality, correct?

4 A. Yes.

5 Q. But you didn't do that, did you, sir?

6 A. I don't know.

7 Q. You don't know? Really? Okay. All right.

8 Now, you also promised in writing that you would not  
9 compete. Do you recall that, sir?

10 A. Compete with...

11 Q. Do you recall in the document, paragraph 9, entitled  
12 "Covenant Not to Compete"?

13 A. Yes.

14 Q. Okay. Do you know what a covenant not to compete is?

15 A. Not entirely.

16 Q. Okay.

17 (Brief pause)

18 Q. Do you see paragraph 9 there, sir?

19 A. Yes.

20 Q. Okay. "9(a) Independent Contractor Covenants." You're  
21 the independent contractor, right?

22 A. Yes.

23 Q. Okay. So you "covenant, agree and warrant that during the  
24 term of this agreement and for the two-year period thereafter,  
25 independent contractor shall not directly or indirectly assist

1 or become involved in any activities in any capacity which are  
2 competitive with any activity of TPC/IPC within 20-mile radius  
3 of the Pain Center USA PLLC and Interventional Pain Center PLLC  
4 located in the Tri-County area, paren, (Wayne, Oakland or  
5 Macomb Counties of Michigan), close paren, existing as of the  
6 date of termination of independent contractor as a physician or  
7 in any other capacity without the prior written consent of  
8 TPC/IPC." Correct?

9 A. Yes.

10 Q. Okay. You never obtained, consistent with paragraph 9, a  
11 prior written consent of TPC/IPC to go work for Northland,  
12 correct?

13 A. It's not enforceable.

14 Q. Oh, it's not enforceable. Who told you that, sir?

15 A. As an independent contractor.

16 Q. Pardon?

17 A. As an independent contractor.

18 Q. Okay. And did you go into a court of law and have a  
19 judge --

20 A. No.

21 Q. -- tell you that this particular paragraph is not  
22 enforceable?

23 A. No.

24 Q. Okay. So you've now become a lawyer?

25 A. No.



1 Q. Okay. But you believe that it's not enforceable, correct?

2 A. Yes.

3 Q. Okay. Well, if that provision is not enforceable, then  
4 what about the three-month notice? Why did you stick around?

5 A. Because it was a part of the contract.

6 Q. I see. But since you have some what you believe to be  
7 legal understanding, did you research the fact that a contract  
8 that asks for someone to perform something illegal is not a  
9 valid contract?

10 A. I didn't know that.

11 Q. Okay. So the cold, hard reality is you followed what you  
12 want when it suited you and your interests and you ignore what  
13 you want when it suited your interests, correct?

14 MR. HELMS: Objection. Argumentative.

15 MR. WEISS: I'm just asking, Your Honor.

16 THE COURT: It is a bit argumentative, Mr. Weiss. Go  
17 ahead.

18 MR. WEISS: Okay. Thank you.

19 THE COURT: Sure.

20 MR. WEISS: Your Honor, may I inquire -- I've got a  
21 little bit more, I'm not sure how much, maybe a half hour or  
22 so, and it's 4:16 right now. I can continue on if the Court  
23 wants but I'm not sure I'll be able to --

24 THE COURT: Half hour would probably take us beyond  
25 what I -- I was thinking we could break for the day, so why

1 don't we just call it a day right now, okay?

2 MR. WEISS: Thank you, Your Honor.

3 THE COURT: Yep. All right, ladies and gentlemen,  
4 4:16 p.m. I think it's been a pretty good day, pretty  
5 productive. We'll go full days or continue to go full days and  
6 try to make a little more progress.

7 I -- I assume this came from the jury, but a -- one  
8 of the members of the staff received a request about difficulty  
9 discussing -- not discussing the case and being emotionally  
10 invested in the facts and all that sort of thing or that sort  
11 of thing. I understand that sort of question and we've had  
12 those types of discussions with jurors in the past, especially  
13 after their service.

14 I'm going to continue to tell you not to discuss the  
15 case or the facts with -- with other people. I think it's  
16 certainly fine if you have a loved one or a friend or someone  
17 in your family that you want to discuss the nature, the  
18 demanding nature frankly of federal jury service with. It's  
19 just inappropriate to discuss the evidence and the issues in  
20 the case. We want you to keep an open mind as to the facts  
21 that you're going to be deliberating on.

22 But if you feel, you know, pressure or if you feel  
23 frustration about serving or any of those sorts of things, I --  
24 I -- I think that that's all fair game to talk about with --  
25 with loved ones. I just urge you not to do any experimentation

1 about the facts, not to reveal evidence that's come to you in  
2 court. Those are things that you should keep to yourself until  
3 you start deliberating with your fellow jurors. And I will  
4 assure you that once you do start deliberating, you'll probably  
5 feel pressure from discussing the facts of the case too much.  
6 So there will be a shift in your -- in -- in your mindset.

7 But I -- I have found in my limited contacts with you  
8 and -- and from the reports I've received from the staff that  
9 you are a -- a very good, well-intended group, and I want you  
10 to continue those -- those efforts. Be -- be aware we're  
11 not -- we're not looking for, you know, a complete lockdown on  
12 jury service. We're asking you not to talk about the facts of  
13 the case and the evidence, okay? So if you'll bear that in  
14 mind, I think that might help you.

15 Let us ask you to be back here -- I -- I -- I think  
16 8:30 tomorrow will be good. We may have a lengthy break or two  
17 where we have to deal with some legal matters tomorrow. I just  
18 want you to be on guard for that. But 8:30 and we'll continue  
19 to make progress. We'll go 8:30 to 4:30 roughly or 4:00  
20 o'clock with a shorter lunch.

21 And I would like to conclude once again by giving you  
22 my great thanks for your patience and hanging in there for such  
23 a long time today, all right?

24 Let's all rise for our jurors now.

25 (Jury excused at 4:20 p.m.)

1 (Non-testimonial proceedings continued on the record,  
2 jury not present)

3 (Proceedings in the above-entitled matter adjourned  
4 to Tuesday, June 7, 2022)

5 — — —

6 C E R T I F I C A T I O N

7 I, Linda M. Cavanagh, Official Court Reporter of the  
8 United States District Court, Eastern District of Michigan,  
9 appointed pursuant to the provisions of Title 28, United States  
10 Code, Section 753, do hereby certify that the foregoing pages 1  
11 through 76 comprise a full, true and correct transcript of the  
12 excerpt of proceedings taken in the matter of United States of  
13 America vs. D-1 Rajendra Bothra, D-3 Ganiu Edu, D-4 David Lewis  
14 and D-5 Christopher Russo, Case No. 18-20800, on Monday, June  
15 6, 2022.

16  
17 s/Linda M. Cavanagh  
18 Linda M. Cavanagh, RDR, RMR, CRR, CRC  
19 Federal Official Court Reporter  
20 United States District Court  
21 Eastern District of Michigan  
22  
23

24 Date: June 22, 2022  
25 Detroit, Michigan